

Date Filed	<u>12-30-13</u>
Amount Paid	<u>\$200.00</u>
Check No.	<u>1058</u>

CSIT-12-13-1417



VILLAGE OF WESTON SITE PLAN APPROVAL APPLICATION

One complete set of 11 by 17 size plans and an electronic copy (in PDF format) are needed for the initial staff preliminary review. This completed application, site plan review fee and drawing/s that meet all ordinance requirements are required for the project to be added to the next available Plan Commission Agenda.

Complete Site Plan Review Fees (All elements of Partial Site Plan below must be included) :

- ☐ Parcels ≤ One Acre in size or Building Additions - \$300
- ☐ Parcels > One Acre in Size - \$650

Partial Site Plan or Revisions to Previously Approved Plans (Choose all that apply)

- ☒ General Site Plan Showing Setbacks - \$100
- ☐ Landscape Plan - \$100
- ☐ Lighting Plan - \$100
- ☐ Paving/Parking Lot Plan - \$100
- ☐ Utility Plan - \$100
- ☒ Architectural Review - \$100
- ☐ Grading Plan/Stormwater Plan \$100 (Revised plans only....choose drainage fee above if new project)
- ☐ Erosion Control Plan - \$100

TOTAL FEE SUBMITTED: \$200

APPLICANT: Bjorn Kaashagen / WESTON PIZZA RANCH PHONE NO: (608) 423-9959

EMAIL ADDRESS: bjorn@bjkci.net

MAILING ADDRESS: 201 Hwy 18, Cambridge, WI 53523

OWNER IF DIFFERENT THAN APPLICANT: JABSATA CAKE, INC. Craig Fenger

EMAIL ADDRESS: JABSATA CAKE @ OUTLOOK.COM PHONE NO: (262) 903-4046

MAILING ADDRESS: 232 WALWORTH ST. APT. 8A
SHARON, WI 53585

CONTRACTOR: Maple Creek Construction PHONE NO: (920) 623-9330

EMAIL ADDRESS: chris@maplecc.com

MAILING ADDRESS: 114 N. Ludington St., Columbus, WI 53925



OCCUPANT/BUSINESS NAME (Use additional paper if more than one tenant): Pizza Ranch

PHONE NO: (262) 903-4046

EMAIL ADDRESS: JABS AT A CAKE @ OUTLOOK.COM

MAILING ADDRESS: TO BE DETERMINED

LEGAL DESCRIPTION OF PROPERTY: a condominium located in part of lot 2 and all of lot 4, CSM 4825, being part of the NW1/4SW1/4, Section 17, T28N, R8E, Village of Weston, Marathon County, Wisconsin

TAX PARCEL NO: 62-2550-000-004-00-00 SUBDIVISION: _____

TAX PARCEL IDENTIFICATION NUMBER (PIN): 192-2808-173-0175

LOT AREA IN SQUARE FEET & ACRES: _____

SETBACKS: FRONT _____ REAR _____ LEFT _____ RIGHT _____ (MUST BE CLEARLY NOTED ON SITE PLAN)

PROPOSED BUILDING SIZE (IN SQUARE FEET): 7,779 SF Pizza Ranch + 5,521 SF STORAGE

FEET OF STREET FRONTAGE: 79'

PARCEL SITE ADDRESS: 2715 Schofield Ave

PROPOSED USE: Restaraunt

CURRENT ZONING DISTRICT: B-3

ADJACENT PROPERTY ZONING: _____

REZONING REQUIRED? ☒ NO _____ YES IF YES, WHY? _____

VARIANCE REQUIRED? ☒ NO _____ YES IF YES, WHY? _____

CONDITIONAL USE REQUIRED? ☒ NO _____ YES IF YES, WHY? _____

TYPE OF OCCUPANCY: Assembly (RETAIL RESTAURANT) ESTIMATED DATE: OPEN MAY 2014

IS OCCUPANCY COMPATIBLE WITH CURRENT ZONING? ☒ YES _____ NO

WILL NOISE LEVEL BE CODE COMPLYING? ☒ YES _____ NO

THE FOLLOWING IS REQUIRED AT TIME OF COMPLETE SITE PLAN SUBMITTAL. PLEASE ATTACH ONE LARGE AND ONE 11 x 17" PLOT PLAN/S OR PDF PLANS SHOWING THE FOLLOWING FOR STAFF REVIEW:

- ☐ OPERATIONAL PLAN DESCRIBING, IF APPLICABLE, THE PROPOSED USE OF THE SITE INCLUDING HOURS OF OPERATION, NUMBER OF PROPOSED EMPLOYEES, AMOUNT OF PRIMARY FLOOR AREA USED BY CUSTOMERS, NUMBER OF POTENTIAL TENANTS, NEED FOR TRUCK TRAFFIC/DELIVERIES
- ☒ NORTH ARROW, WRITTEN AND GRAPHIC SCALE
- ☐ ALL PROPERTY BOUNDARIES WITH DIMENSIONS

- ☐ ALL SETBACKS (Existing Building)
- ☐ EXISTING AND PROPOSED CONTOURS/GRADING (None proposed)
- ☒ LOCATION AND NAMES OF CENTERLINE OF ADJOINING STREETS, PROPOSED DRIVEWAYS, AND PARKING
- ☒ LOCATION OF ANY EXISTING BUILDINGS, PROPOSED BUILDINGS OR ADDITIONS
- ☐ PROPOSED FLOOR ELEVATION IN RELATION TO EXISTING GRADE AND STREET GRADE (Existing)
- ☐ LOCATIONS AND DESCRIPTIONS OF EASEMENTS
- ☐ **UTILITY PLANS** – SIZE & LOCATION OF SEWER & WATER MAIN CONNECTION FROM CURB TO BUILDING – SHOW PROPOSED METERING POINTS AND ARRANGEMENT (Existing)
- ☐ LOCATIONS AND TYPE OF PROPOSED LIGHTING (**LIGHTING PLAN** WITH LIGHTING SPECIFICATIONS)
- ☐ LOCATIONS AND TYPE OF PROPOSED SCREENING (**LANDSCAPING PLAN** WITH PROPOSED QUANTITIES AND TYPES OF PLANT MATERIAL-INCLUDING EXISTING ON SITE VEGETATION)
- ☒ LOCATIONS AND TYPE OF PROPOSED SIGNS AND/OR EXISTING SIGNS
- ☒ LOCATIONS AND TYPE OF REFUSE ENCLOSURE
- ☐ COMPLETION OF DRAINAGE PLAN SPECIFICATION FORM (ATTACHED)
- ☐ **DRAINAGE PLAN** WITH DRAINAGE CALCULATIONS (INCLUDING TOTAL IMPERVIOUS AREA) AS REQUIRED BY VILLAGE ORDINANCE (**PLEASE PROVIDE 2 COPIES OF INITIAL DRAINAGE PLAN & ALL REVISIONS**)
- ☐ NR216 POST-CONSTRUCTION **STORMWATER MANAGEMENT PLAN** (SWMP)
- ☐ BEST MANAGEMENT PRACTICES (BMP) STRUCTURES & AREAS WITH ELEVATIONS & SLOPE RATIOS
- ☐ HIGH WATER LINE ELEVATION OF ANY ADJOINING STREAM OR LAKE – FLOODWAYS/FLOODPLAINS AND WATER ELEMENTS

PLEASE NOTE WHY ANY OF THE ABOVE ARE NOT CHECKED AND ENCLOSED AT TIME OF SUBMITTAL:

APPLICANT'S SIGNATURE: X [Signature] DATE SIGNED: X 12/30/13
 APPLICANT'S PHONE NUMBER: (608) 423-9959 FAX NUMBER: (608) 423-9825
 APPLICANTS EMAIL ADDRESS: BSORW @ B57LCF . NET



DRAINAGE PLAN SPECIFICATIONS

Date of Submittal: _____, 20____

OWNER:	PHONE NO.
ADDRESS:	
DEVELOPER:	PHONE NO.
ADDRESS:	
BUILDER:	PHONE NO.
ADDRESS:	
LOT/CSM ADDRESS:	
SUBDIVISION:	

ZONING: R1 R2 R3 R4 R5 RE RR RR-10 AG RTF
 (circle) S-R B-2 B-3 B-4 B-P LMD M-1 PUL

LOT SIZE: SQ. FT _____ ACRES _____

Building Type (i.e. Single Family, Duplex, Commercial, etc.): Commercial

PROPOSED IMPERVIOUS AREA: (No Change to Existing)

HOME & ATTACHED GARAGE: _____ SQ FT
 DETACHED GARAGE: _____ SQ FT
 ACCESSORY BUILDINGS: _____ SQ FT
 COMMERCIAL BUILDING (S) _____ SQ FT

DRIVEWAY: ☐ ASPHALT ☐ CONCRETE ☐ GRAVEL _____ SQ FT

PRIVATE WALKWAY: ☐ ASPHALT ☐ CONCRETE ☐ GRAVEL _____ SQ FT

PARKING LOT ☐ ASPHALT ☐ CONCRETE ☐ GRAVEL _____ SQ FT

TOTAL IMPERVIOUS AREA: _____ SQ FT

For office use only

Total Impervious area: _____ ft² Yearly Charge: \$ _____

Number ERU(s): _____ Quarterly Charge: \$ _____

DRAINAGE PLAN SPECIFICATIONS

Pg 2/2

ELEVATIONS REQUIRED ON DRAINAGE PLAN (DISTURBANCE < 1-ACRE ONLY):

- All Corners
- Crown of Road at Property Lines and Center of Lot
- Proposed Garage Floor
- Proposed Lowest Exit
- Proposed Lowest Window

CRITERIA NEEDED ON DRAINAGE PLAN (DISTURBANCE < 1-ACRE ONLY):

- ☐ Final Drainage Contours Below Lowest Exit and Lowest Window
- ☐ Final Drainage Effect on Adjoining Properties
- ☐ Proposed Drainage Retention/Detention Plans
- ☐ Existing Drainage Routes
- ☐ Proposed Drainage of Discharge Points

COMMERCIAL: > 1-ACRE DISTURBANCE

STORMWATER MANAGEMENT PLAN (SWMP) REQUIREMENTS:

- Refer to the NR 216/NR 151 and the Village's Stormwater Ordinances 86.300+ & 86.400+ (<http://www.westonwisconsin.org/>).
- All SWMP shall be bound with the site name and address displayed on the cover page.
- All SWMP shall be sealed and signed by a WI Professional Engineer.
- All SWMP shall include completed drainage plan specifications (this document) in its contents.

CRITERIA REQUIRED ON SWMP PLAN (DISTURBANCE > 1 ACRE - ONLY):

- ☐ Overview of Site Information
 - Project Location and Figure
 - Intended Usage and Construction Phasing
- ☐ Pre-Development/Existing Conditions and Calculation Results
- ☐ Post-Development/Existing Conditions and Calculation Results
 - Supporting Calculations and Figures (both Pre- and Post-): Including but not limited to the Sub-Basin Maps, Marathon County Soil Survey Information, etc.
- ☐ Detention and Infiltration Basin Summary/Design Information
- ☐ Total Suspended Solids (TSS) Removal Summary/Water Quality Summary
- ☐ Erosion Control Summary
- ☐ Engineering Plans and Specifications Sheets
 - Including but limited to Existing Contours, Proposed Contours, Building USGS Elevations, Basin Cross-sections, etc.
- ☐ Responsible Party(s) and Contact Information for the Maintenance and Inspections of SWMP and System

Fee: (#43)

- ☐ \$150 (#4341) – New Construction
- ☐ \$100 (#4345) – Existing Building – Building Addition
- ☐ \$25 (#4343) – Existing Building – Change of Use/Owner



Commercial Certificate of Occupancy & Zoning Permit Application

Please make fee payable to the Village of Weston

5500 Schofield Avenue, Weston, WI 54476

Phone: (715) 359-6114

Fax: (715) 359-6117

www.westonwisconsin.org

Date 12/30/13

Business Name WESTON PIZZA RANCH Phone # TO BE DETERMINED

Business Address 2715 SCHOFIELD AVE. Suite/Unit # TO BE DETERMINED

Business Website (if applicable) N/A Fax # TO BE DETERMINED

Mailing Address if different TO BE DETERMINED Zip Code TO BE DETERMINED

Business Owner Name JABSAATCHIE, INC. Phone # 262-903-4046

Business Owner Address 232 WALWORTH ST. APT. 8A SHARON, WI 53585 Zip Code 53585

Business Contact Name: CRAB FEEGER Email address: JABSAATCHIE @ OUTLOOK.COM

Square footage of Space: 13,300 Do you: ☐ Rent ☐ Lease ☒ Own this space?

Property Owner Name JABSAATCHIE, INC. Phone # SAME AS ABOVE

Property Owner Address SAME AS ABOVE Zip Code SAME AS ABOVE

Describe the proposed business and operational plans. (Feel free to submit on a separate sheet of paper) OWN & OPERATE A PIZZA RANCH (RESTAURANT)

Proposed date of opening MAY 2014

Days and hours of operation M-SUN 11 AM TO 10 PM

Check all that apply:

☒ New Business ☐ Change of Business/Use change ☐ New Building ☐ Ownership change

☐ Existing Business – Building Addition ☐ Seasonal/Temporary (Dates of operation) _____

☐ Location Change - If so, previous address _____

Number of employees 25 FULL TIME EQUIVALENTS Number of parking spaces available 200

Will there be outside storage of any materials or equipment? ☐ Yes ☒ No If so, please explain and provide a drawing of where these items will be placed on the property and how they will be screened from the road-right-of-way and adjoining property owners (please use back or add an additional sheet of paper):

Does the building have a fire suppression system? If so, what type YES
- Full 13

The Village of Weston Fire Department has a knoxbox program, which will allow emergency entrance of your building by authorized fire personnel via a key you provide located in the knoxbox outside your front entrance.

Would you like someone from the fire department to contact you concerning this program? ☒ Yes ☐ No
Who should they ask to speak to: CHARLIE FERGEE

Former business at this address _____

Will new signs be installed? ☒ Yes ☐ No If a sign is to be installed, a separate sign permit is required for each sign. If a sign contractor is to install the sign they must apply for the sign permit. If the sign is a lighted sign, an electrical permit is required to be applied for also as part of the sign permit application.

Name and Phone number of contact to arrange for inspection of building or leased space:

Name (please print) CHARLIE FERGEE Phone # 262-903-4046

Two residential, local names & phone numbers of contact persons for Fire Department & EMPD to reach in case of fire or theft after hours:

1. Name CHARLIE FERGEE Phone # 262-903-4046

2. Name NANCY FERGEE Phone # 262-325-5020

EXPLANATION AND PERMIT PROCESS

No new building and no existing building which is to be remodeled or relocated shall be issued a building permit until a zoning permits has been issued to certify that such construction or change would comply with the provisions of Chapter 94 (Zoning) and all state and local building codes. Buildings or spaces within buildings are not allowed to be occupied without a current Certificate of Occupancy issued in the name of the tenant occupying that building or space. Applications for a Zoning Permit and a Certificate of Occupancy shall be made to the Zoning Administrator prior to or at the same time as an application for a building permit or prior to the commencement of any use not involving a building permit.

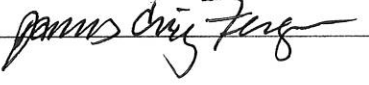
THIS IS AN APPLICATION AND RECEIPT AND NOT A PERMIT TO OCCUPY THE BUILDING.

To arrange an inspection, please call (715) 241-2616. Calls will be returned within 24 hours if the inspector is not in. Occupancy inspections are conducted by appointment. Twenty-four hours notice is required for an inspection. Inspections will be made within 72 hours after the notification of the completion, erection, alteration or relocation of the building or of intent to commence a use. If the building and its intended use of the premises comply with the requirements of Chapter 94 (Zoning) and all State and local building codes, a Zoning Permit and a Certificate of Occupancy shall be issued. In some cases, a Temporary Certificate of Occupancy may be issued for a period not to

exceed 6 months during the completion of alterations or during partial occupancy of a building pending its permanent occupation. Such temporary permit shall not be issued except under such restrictions and provisions as will adequately ensure the safety of the occupants. A temporary permit shall be voided if the building fails to conform to the provisions of Chapter 94 (Zoning) to such a degree as to render it unsafe for the occupancy proposed. The Certificate of Occupancy will be mailed to the business at the mailing address provided and shall be posted in a conspicuous place at the site.

APPLICANT AGREEMENT AND SIGNATURE

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all Village Ordinances and State Laws regulation zoning and building construction, electric installation and/or heating and air conditioning installation. I agree to comply with approved drawings and I understand that any deviation from the approved plans must be authorized by the approved of the revised plans, subject to the same procedure established for the examination of the original plans, and that an additional fee may be charged, predicated on the extent of the variation from the original plans. I also acknowledge that I am the property owner, or am authorized to act as the owner's agent in obtaining this permit. I acknowledge that permits with no inspection activity for 6 months shall be expired. Subsequent inspections will not be performed until permit has been renewed and payment of any additional fees has been completed. I understand that it is the responsibility of the owner/owner agent to call for all required inspections and that at least 24 hours notice is required for all inspections.

Signature  Printed Name JAMES CRAIG FERGAR Date 12-30-13

This section for office use only

Date Application Filed 12-30-13 Fee Received _____ Check # _____

Application received by Valerie Parker

Parcel ID # 62.255.0.4.0.0 PIN # 192-2808-173-0175 Village Code

Site Plan Approval Date (if applicable): _____

Present Zoning District _____ Is proposed business a permitted use by right? ☐ Yes ☐ No

Zoning Permit# _____ Approved by: _____ Date: _____

Is proposed business allowed per Conditional grant? ☐ Yes ☐ No ☐ N/A

Conditional Use Permit # (if applicable) _____ Date granted _____

Building Permit# _____ Approved by: _____ Date: _____

Date Applicant Requested Inspection _____ Staff Call back date (if applicable) _____

Date of Inspection _____ Inspected by: _____

Inspected by: _____

Comments _____

Certificate of Occupancy Approving Department Signatures

Zoning Department Signature _____ Date _____

Inspections Department Signature _____ Date _____

Fire Department Signature _____ Date _____

Date Temporary Certificate of Occupancy Issued (if applicable) _____

Date Temporary Certificate of Occupancy Expires (if applicable) _____

Temporary Certificate of Occupancy # (if applicable) _____

Date Certificate of Occupancy Issued _____

Date Certification of Occupancy mailed _____

Certificate of Occupancy # _____

Certificate of Completion mailed (if applicable) _____

EVEREST METROPOLITAN POLICE DEPARTMENT
5303 MESKER STREET
WESTON, WI 54476

BUSINESS CONTACT INFORMATION

Date: 12/30/13		
Business Name: WESTON PIZZA RANCH		
Business Address: 2715 SCHOFIELD AVE.		Business Phone: TO BE DETERMINED
In an Emergency Call:		
1 CRISTO FERRELL	Phone: 262-903-4046	Alt Phone:
2 NANCY FERRELL	Phone: 262-325-5020	Alt Phone:
3	Phone:	Alt Phone:
4	Phone:	Alt Phone:
Building Owner if Rented or Leased:		
Is your business equipped with an alarm?		Phone:
Audible <input type="checkbox"/> Yes <input type="checkbox"/> No		(WILL BE INSTALLED)
Burglar <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitored by:	Phone:
Fire <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you keep any hazardous materials at your business? If so describe:		
NO		

Bjorn

From: Todd Wiskus [TWISKUS@simonsonassoc.com]
Sent: Friday, December 27, 2013 2:16 PM
To: Bjorn <bjorn@bjkci.net> (bjorn@bjkci.net); firarij@gmail.com
Subject: FW: 13151 Weston/Wausau Pizza Ranch site and exterior

Bjorn, I've filled out the information that I could. You may have to address the rest and also the \$200 fee. I spoke w/ Jennifer and she said if we can get this into her by Monday it will be on her next meeting agenda. I will be out all of next week but you can try me on my cell 515-306-0277. Otherwise you can get ahold of Alan or Clark in our office to finalize things.
 Thanks and Happy New Year.

Todd Wiskus
 simonson & associates architects LLC
 1717 ingersoll avenue suite 117 des moines ia 50309
 515.440.5626 dir 515.440.5634
www.simonsonassoc.com

From: Jennifer Higgins [mailto:jhiggins@westonwi.gov]
Sent: Friday, December 27, 2013 8:20 AM
To: Todd Wiskus
Cc: Bjorn <bjorn@bjkci.net> (bjorn@bjkci.net); firarij@gmail.com; Valerie Parker
Subject: RE: 13151 Weston/Wausau Pizza Ranch site and exterior

Todd,
 Can you please fill out the attached site plan application and email back at your earliest convenience? The fee would be \$200 (\$100 for Architectural Review and \$100 for the parking lot). You can send in a check for \$200 made out to the Village of Weston. Also, please have the owners fill out and return the CO/Zoning Permit application. It is helpful if it goes to Plan Commission with the site plan.
 Thanks!
 Jennifer

JENNIFER HIGGINS
Director of Planning & Development
 Village of Weston, WI
 5500 Schofield Avenue, Weston, WI 54476
 Phone: 715-241-2638 | Cell: 715-573-9785 | Fax: 715-359-6117

Email: jhiggins@westonwi.gov | jhigginsvow@facebook.com

Schedule appointments with me at <http://doodle.com/vowjhiggins>

Visit us on the web at www.westonwi.gov

From: Todd Wiskus [mailto:TWISKUS@simonsonassoc.com]
Sent: Friday, December 27, 2013 7:48 AM

12/30/2013

To: Jennifer Higgins
Cc: Bjorn <bjorn@bjkci.net> (bjorn@bjkci.net); firarij@gmail.com
Subject: 13151 Weston/Wausau Pizza Ranch site and exterior

Jennifer, on behalf of Bjorn and the ownership group, I'm sending you the proposed site concept and exterior renderings of the building for your review. Let us know your thoughts on these concepts and if you need anything else.

Also, at your convenience, please give me a call to discuss the proposed "outlot/expansion area" northeast of the existing building.

Thanks,

Todd Wiskus
simonson & associates architects LLC
1717 ingersoll avenue suite 117 des moines ia 50309
515.440.5626 dir 515.440.5634
www.simonsonassoc.com



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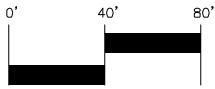
This message has been scanned by MailScanner
and is believed to be clean.

RECEIVED

By Valerie Parker at 8:22 am, Dec 27, 2013



NORTH
↑
1" = 80'-0" @
11"x17" Sheet
SAA#13151
DRAWN BY: AVG



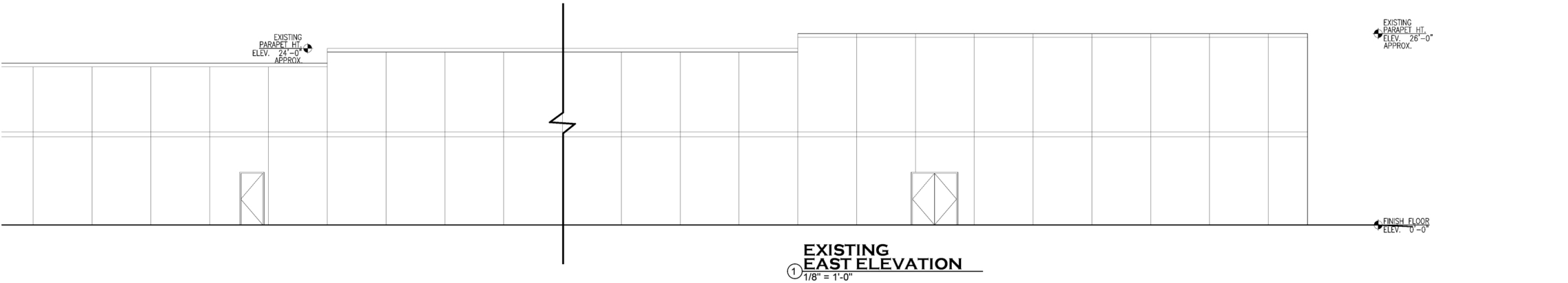
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Pizza Ranch Concept #1 Weston, Wisconsin

DECEMBER 17, 2013

simonson

simonson & associates architects LLC
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phn 515 440 5626 www.simonsonassoc.com



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PIZZA RANCH
2715 SCHOFIELD AVE.
WESTON, WI

Date	Issue / Revision
12-16-2013	SCHEMATIC DESIGN

Job No. 13151
Proj. Mgr. TKW
Sheet Title
EXTERIOR ELEVATIONS
Sheet No.

A2.1